WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10445

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2252

City St Louis (No. 5523 Maple Ave. St. ..... Ward)

2. FULL NAME Mabel H Stillwell

(a) Residence, No. 5523 Maple St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/19-1884

7. AGE YEARS 50 MONTHS 0 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME R. T. Stillwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Emma Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio.

17. INFORMANT (ADDRESS) J. A. Bettinger 5523 Maple

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE March 6, 1934

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED ..... 1934 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1934, to Mar 4, 1934

I last saw h. ~~se~~ alive on 3/4, 1934. Death is said to have occurred on the date stated above, at 12.50 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 2/22

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Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. C. Barnes, M.D., M. D.

(Address) 6312 Washington